

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/657616

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51		1						
2		1					52		1						
3		1					53		1						
4		1					54		1						
5		1					55		1						
6		1					56		1						
7		1					57		1						
8		1					58		1						
9		1					59		1						
10		1					60								
11		1					61								
12		1					62								
13		1					63								
14		1					64								
15		1					65								
16		1					66								
17	1						67								
18		1					68								
19		1					69								
20		1					70								
21		1					71								
22	1						72								
23		1					73								
24		1					74								
25		1					75								
26		1					76								
27		1					77								
28		1					78								
29		1					79								
30		1					80								
31		1					81								
32		1					82								
33		1					83								
34		1					84								
35		1					85								
36		1					86								
37		1					87								
38		1					88								
39	1						89								
40		1					90								
41	1						91								
42		1					92								
43		1					93								
44		1					94								
45		1					95								
46		1					96								
47		1					97								
48	1						98								
49	1						99								
50		1					100								
TOTAL IND	7						TOTAL IND								
TOTAL DEP	43						TOTAL DEP	9							
TOTAL CLAIMS	50						TOTAL CLAIMS	9							

59/7